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 21394 7590 08/22/2003

ARTROCORE CORPORATION
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MICHELLE NICELY	(Depositor's name)
MICHELLE NICELY	(Signature)
11/28/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/314,247	05/18/1999	PHILIP E. EGGRERS	A-2-6	4920

TITLE OF INVENTION: SYSTEM FOR TREATING ARTICULAR CARTILAGE DEFECTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300 1,330	\$0	\$1300	11/24/2003
EXAMINER		ART UNIT	CLASS-SUBCLASS	\$1,330	
COHEN, LEE S		3739	606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JOHN T. RAFFLE

2 RICHARD R. BATT

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARTROCORE CORPORATION

SUNNYVALE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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Issue Fee

A check in the amount of the fee(s) is enclosed.

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Advance Order - # of Copies 1D

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11/24/03

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